

Conjoint Examination

Membership in Prosthodontics

**The Royal College of Surgeons
of Edinburgh**

**FCDSHK Intermediate
Examination in the Specialty
of Prosthodontics**

**The College of Dental Surgeons
of Hong Kong**

Last name of candidate (BLOCK letters) : _____

Other names in full (BLOCK letters) : _____

Date of birth : _____ Sex : M/F

Full postal address (*for examination notice*) : _____

Telephone no. : () _____ Facsimile no. : () _____

E-mail : _____

I wish to enter for Conjoint Examination from 7 to 9 November 2011.

Date : _____ Signature : _____

1 Please state your degrees or qualifications and where obtained (with dates)

(candidates whose names do not appear in the current Dentist Register must submit evidence of their qualifications and the date of acquirement thereof)

2 Dental Council of Hong Kong registration number _____

3 If you hold a surgical or dental Fellowship of a Surgical College, please state title and date

Additional Diplomas _____

4 Have you ever submit an application for the Membership in MRD of the Royal College of Surgeons of Edinburgh? YES/NO*

5 If you have passed Part 1/Primary Fellowship in Surgery or Dental Surgery, please give details:

Date _____ Examination _____

Name of College _____

6 If you have passed any part of a Diploma (i.e. Diploma or Diploma of Membership) in MRD of one of the Surgical Colleges, please give details below:

Date _____ Examination _____ Part passed _____

Name of College _____

PLEASE NOTE: NO APPLICATION FORMS OR DOCUMENT /CERTIFICATES WILL BE ACCEPTED BY FAX.

REQUIREMENTS FOR TRAINING

Candidates for Conjoint Examination will be expected to provide evidence of having gained broad experience of clinical dentistry for a minimum of four years after obtaining a primary dental qualification. Experience should be obtained in more than one clinical dental discipline. Candidates will be required to produce evidence of having undertaken continuous approved training in clinical Prosthodontics for a minimum period of three years or of attendance as a postgraduate student on an approved training programme or course.

Candidates may be required to take an additional part of examination prescribed by the College of Dental Surgeons of Hong Kong.

TO BE COMPLETED BY CANDIDATE

Extracts from the Regulations

Three years approved training in Prosthodontics

Details of Employment

(i) Institution Stamp

.....
 Title of Post
 From.....To.....
 Signature of Supervisor / Trainer*

(ii) Institution Stamp

.....
 Title of Post
 From.....To.....
 Signature of Supervisor / Trainer*

(iii) Institution Stamp

.....
 Title of Post
 From.....To.....
 Signature of Supervisor / Trainer*

* *Delete as appropriate*

- Candidates who are unable to have the above certificates signed may produce signed documentation of the posts they have held. They must, however, enter on this form the appropriate experience which they offer.

IMPORTANT NOTICE

1. Please return the **application** together with **cheque** made payable to “**The College of Dental Surgeons of Hong Kong**” for the amount of **\$16,600**, being the examination fee this year, to *Executive Secretary, The College of Dental Surgeons of Hong Kong, Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong*, **not later than 12 August 2011**.
2. Candidates withdrawing from the examination must do so in writing. The whole entrance fee may be returned, less 20% administration charges, or transferred to the next diet of the examination where written notice is received by the College prior to the closing date for receipt of applications. Half of the entrance fee may be returned or transferred to the next diet of the examination where written notice is received not less than 21 days before the commencement of the examination. After that date no refund or transfer of entrance fees will normally be made to candidates who withdraw from the examination or fail to attend for any reason whatsoever. No allowance will be made for postal or other delays.
3. No change can be made after the dates for the clinical and oral examinations have been allocated.
4. Candidates are requested to enclose with their application together with
 - 1) one envelope (23cm x 10cm) bearing their name and address for the postage of the examination notice; and
 - 2) 2 x passport photographs.
5. The personal data provided will be used by The College of Dental Surgeons of Hong Kong and The Royal College of Surgeons of Edinburgh for the following purpose:
 - a. Proof of eligibility and conduction of examination
 - b. Record of examination results and contact of candidates
 - c. For preparing statistics

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Membership in Prosthodontics RCSEd and FCDSHK Intermediate Examination in the Specialty of Prosthodontics

- I enclose a cheque (cheque/banker's draft no.: _____) for **HK\$16,600** being the examination fee for Membership in Prosthodontics RCSEd and FCDSHK Intermediate Examination in the Specialty of Prosthodontics.

Name (BLOCK letters)

Recommended by

.....
Name of Supervisor / Trainer

.....
Signature

Specialty in

No receipt will be issued unless requested.